

# MEMORY TRANSMISSION REPORT

PAGE : 001  
 TIME : DEC-03-04 01:13PM  
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 NAME : Stout, Uxa, Buyan & Mullins 0500

FILE NUMBER : 099  
 DATE : DEC-03 01:10PM  
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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	08/482,402
Filing Date	8/7/1996
First Named Inventor	Scott Rapport
Art Unit	1643
Examiner Name	B. Unger
Attorney Docket Number	103105.161C1 (A-1697DMS)

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit/declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.63	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <b>Remarks</b> Please see attached sheet for explanation of attachments to this Transmittal Form.
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b> Firm Name: Stout, Uxa, Buyan & Mullins LLP Signature: <i>Donald E. Start</i> Printed name: Donald E. Start Date: December 3, 2004      Reg. No. 34,493		

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Signature	<i>Donald E. Start</i>	Date	December 3, 2004
Typed or printed name	Donald E. Start	Reg. No.	34,493

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TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

		Application Number	08/482,402
		Filing Date	6/7/1995
		First Named Inventor	Basil Rapoport
		Art Unit	1642
		Examiner Name	S. Ungar
Total Number of Pages in This Submission		Attorney Docket Number	102105.151C1 (A-1997Div3)

## ENCLOSURES (Check all that apply)

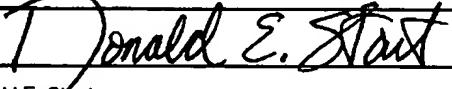
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		
Please see attached sheet for explanation of attachments to this Transmittal Form.		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Stout, Uxa, Buyan & Mullins LLP		
Signature			
Printed name	Donald E. Stout		
Date	December 3, 2004	Reg. No.	34,493

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Signature			
Typed or printed name	Donald E. Stout	Date	December 3, 2004

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